

Continuation Sheet

PTO/SB/07 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 09/720,275	Filing Date			
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)				
<i>1013105</i>										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1						51				
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50						100				
Total Indep						Total Indep				
Total Depend						Total Depend				
Total Claims			<i>2</i>			Total Claims				
			<i>11</i>							
			<i>13</i>							

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